



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

| FOR AGENCY USE | | FOR RECORDS MANAGEMENT USE | |
|---|--|---|-------------------------------|
| Application Date September 9, 1976 | 1. Agency Address Georgia Department of Human Resources Division of Mental Health & Mental Retardation - Mental Retardation Section 47 Trinity Avenue, S. W. - Room 542-H Atlanta, Georgia 30334 | Application Number 76-305 | |
| Application Number DHR-117 | | Date Received SEP 10 1976 | Date Completed SEP 24 1976 |
| 2. Person to Contact Robert Hardwick | | Working Title Grant Project Officer | Telephone Number 656-6370 |
| 3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void | | | |
| 4. Dates of Series Earliest 1972 | Latest to date | 5. Records Series Title (followed by title used in office; if different) Developmental Disabilities Project Administrative Files | |
| 6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Mental Health and Mental Retardation administers the programs for mental health, mental retardation, and other developmental disabilities; alcohol and drug abuse, and training and research. This division is also concerned with community mental health, and the administration of the State mental hospitals; and rehabilitation and retardation centers state-wide. The Mental Retardation Section is responsible for providing supervision and guidance to programs for the developmentally disabled clients in both institution and community programs state-wide. The Developmental Disabilities Services Act Grant is responsible for administering the DDSA formula grant, including preparation of the State DDSA plan. | | | |
| 7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: administering the Developmental Disabilities Services formula grant. Included are: contract; application for DDSA funds; project report; audit report; and supporting correspondence. File is arranged: by name of contracted organization. | | | |
| 8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>10-12</u> ; Seven to twelve months old <u>8-10</u> ; Thirteen to twenty-four months old <u>3-4</u> ; twenty-five months and older <u>1</u> ; | | | |
| 9. Annual Rate of Accumulation of Records Letter-size drawers <u>1/2</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____ | | | |

| YES | NO | 10. Questionnaire (Place an "X" in the proper column) |
|-----|----|--|
| X | | a. Is this the official copy of the series? If not, where is it? |
| | X | b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. |
| | X | c. Is this a vital record? |
| | X | d. Does this series have historical or long term research value? |
| | X | e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? |
| | X | f. Is the information contained in this series ever published? If yes, attach copy. |
| | X | g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. |
| | X | h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? |
| | X | i. Is this series (or a major portion of it) regularly microfilmed? |
| | X | j. Does the record series result in a computer printout? |

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 5 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

*in conformance with retention period for other DHR records requiring audit.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- Transfer to State Records Center; hold 3 year(s); then
- Destroy.
- ☒ Transfer to State Archives for permanent retention.
- ☐ Other (Specify) _____

These instructions apply to all prior and future accumulations of the series.

| Agency Head/Designee (Signature) | Date | Records Management Officer (Signature) | Date |
|--|--------|--|---------|
| Robert E. Hurdewick | 9/8/76 | Elizabeth Ciark WM | 9/7/76 |
| Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.) | | State Records Committee (Signature) | Date |
| | | State Auditor/Designee | 9-22-76 |
| | | Secretary of State/Designee | 9-20-76 |
| | | Attorney General/Designee | 9.22.76 |